



# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We Protect Hoosiers and Our Environment.*

100 N. Senate Avenue • Indianapolis, IN 46204

(800) 451-6027 • (317) 232-8603 • [www.idem.IN.gov](http://www.idem.IN.gov)

Eric J. Holcomb  
Governor

Bruno L. Pigott  
Commissioner

67-02/bpace  
John M. Helms  
Speedway, LLC  
500 Speedway Drive  
Enon, OH 45323

FEB 02 2017

Re: Excess Liability Trust Fund Claim  
Speedway #5173  
ELTF # 201110507 FID # 647  
Terre Haute, Vigo County  
Invoice Number: 201110507-9

Dear Mr. Helms:

On December 28, 2016, the Excess Liability Trust Fund Section (ELTF) received your application for reimbursement from the Fund. According to our records, the ELTF file on your occurrence contains the following information:

<b>ELTF Submittal Number:</b>	9
<b>Total Deductible:</b>	\$30,000.00
<b>Amount of Deductible Previously Met:</b>	\$30,000.00
<b>Amount of Deductible Met (this claim):</b>	\$0.00
<b>UST Fee Reimbursement Percentage:</b>	100%
<b>Total Amount Previously Approved for Reimbursement:</b>	\$116,066.61

### Technical Determinations

Corrective Action Plan approved on April 9, 2015.

### ELTF Eligibility Status

At present, this site is eligible for reimbursement from the ELTF for eligible costs associated with site characterization and corrective action work only.

<b>Your claim was submitted for:</b>	\$8,439.39
<b>After review, your claim has been approved for:</b>	\$8,439.39
<b>Due to the statutory cap, your claim has been reimbursed for:</b>	\$0.00

*In accordance with IC 13-23-8-8 Use of money in excess liability fund: an owner or operator of more than one hundred (100) underground storage tanks may not receive more than ten million dollars (\$10,000,000) from the excess liability trust fund during a year. At this time no payment will be made.*

A breakdown of this determination has been enclosed. You may resubmit an application for those items or portions of items that were disallowed. Resubmittal applications must include a completed application form, a copy of the IDEM decision letter and cost review summary, as well as explicit documentation under 328 IAC 1 addressing the reasons for denial of costs and demonstrating that the costs are reimbursable costs under 328 IAC 1-3-5. IDEM is requiring the resubmittal of disallowed costs to be incorporated into subsequent claims; however, the portion of the claim that was previously submitted must be identified as such and include the dollar value of the original claim [328 IAC 1-5-1(e)], as well as the explicit documentation described above.

Pursuant to IC 13-23-9-4, you may appeal this determination by filing a written request for review with the Indiana Office of Environmental Adjudication not later than eighteen (18) days after receiving notice of the determination. Pursuant to IC 4-21.5-3-7, you may request that the Office of Environmental Adjudication conduct a hearing to review this determination, under IC 4-21.5, in its entirety, or you may limit your request for review to specific portions of the determination. The request for review should be sent to:

Director, Office of Environmental Adjudication  
100 North Senate Ave.  
Government Center North  
Room 501  
Indianapolis, IN 46204

Failure to properly file a request for review, before or on the eighteenth day following receipt of this notice, waives your right to administrative review of this determination pursuant to IC 4-21.5-3-7 and your right to judicial review of the determination pursuant to IC 4-21.5-5-4. The request for review must contain the following information:

A statement of facts demonstrating that:

- a. You are the person to whom this determination is specifically directed;
- b. You are aggrieved or adversely affected by this determination; or
- c. You are entitled to review as a matter of law.

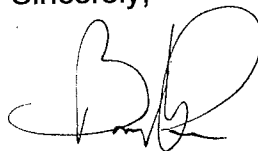
The following information should be included in your request for review in order to expedite review by the Office of Environmental Adjudication: identification of the ELTF number and the ELTF submittal number, the specific portions of the determination to be reviewed, and the legal basis for your challenge to this determination. In addition, your request should include the name, address and telephone number of the entity or individual to whom this determination is specifically directed. A copy of this letter should be attached to the request for review.

A copy of the request for review should be sent to the Administrator of the Excess Liability Trust Fund at the Indiana Department of Environmental Management, 100 North Senate Avenue, Indianapolis, Indiana 46204.

If you do appeal this determination, you will be notified by the Office of Environmental Adjudication regarding your cause number and prehearing date. This determination is based upon the review of the documentation presented to IDEM, as well as documents previously submitted and made available to the reviewer.

If additional documentation is subsequently provided, IDEM reserves the right to modify or change the determination as the situation may warrant. If you have any further questions, please contact Cynthia Kreegar at (317) 234-0990.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Pace', with a stylized flourish at the end.

Brian A. Pace, Chief  
Excess Liability Trust Fund Claims Section  
Underground Storage Tank Branch  
Office of Land Quality

BAP/kab/clk  
Enclosures

**Indiana Department of Environmental Management (IDEM)**  
**Excess Liability Trust Fund (ELTF)**  
**Cost Review Summary**  
**Site Name: Speedway #5173**

ELTF Number: 201110507-9		FAC ID Number: 647	
Item Number	Resub Claim Number	Vendor	Invoice Number
			Amount Requested
			Amount Disallowed
			Total Approved
			Reason

Subsequent Costs Claimed				
Item Number	Resub Claim Number	Vendor	Invoice Number	Amount Requested
1	N/A	Pace Analytical	1550032188	\$553.90
2	N/A	Pace Analytical	1650036432	\$563.36
3	N/A	Pace Analytical	1650040885	\$616.16
4	N/A	American Env Corp	311193-0035	\$2,986.96
5	N/A	American Env Corp	311193-0036	\$1,334.05
6	N/A	American Env Corp	311193-0037	\$1,640.83
7	N/A	American Env Corp	311193-0038	\$744.13
Total:				\$8,439.39

Reimbursement Cap	\$2,000,000.00	Amount Requested	\$8,439.39
Total Amount Previously approved for Reimbursement	\$116,066.61	Amount Disallowed	\$0.00
		Amount Approved	\$8,439.39
		Tank Fee Reimbursement Percentage Allowed	100%
		Tank Fee Reimbursement Percentage Disallowed	0%
		Eligible to be Reimbursed	\$8,439.39
		Amount of Deductible Applied This Claim	\$0.00
		Total Amount Approved for Reimbursement This Claim	\$8,439.39
		Total Amount Reimbursed This Claim	\$0.00

**Indiana Department of Environmental Management  
Excess Liability Trust Fund  
Claim Summary**

**Incident Number: 201110507**

**ELF Number:** 201110507

**Date Received:** 12/28/2016

**Target Date:** 02/26/2017

**Claim Number:** 9

**Claim Type:** Subsequent

**Tank Fee %:** 100.00

**FAC ID:** 647

**Prev. Assignment:** Cynthia Kreegar

**Eligibility:** Eligible

**Site Information**

**Site Name:** Speedway #5173

**Site Address:** 3388 S US Hwy 41, Terre Haute, IN 47802, Vigo County

**Release Reporting**

**Incident Report Received:** 10/26/2011

**Spill Report Received:**

<u>Associated Incident Numbers</u>	<u>Priority</u>	<u>Resp Staff</u>
201110507 Eligible	Medium	Amy Elliott

**Technical Determinations**

<u>Milestone</u>	<u>Date</u>
9070 - INITIAL SITE CHARACTERIZATION RECEIVED	01/11/2012
9085 - SITE CHARACTERIZATION APPROVED	07/08/2014
9290 - CAP APPROVED	04/09/2015
9292 - CAP IMPLEMENTATION REPORT APPROVED	03/17/2016

**Deductible and Claim Information**

**Deductible Amount:** \$30,000.00

**Remaining Deductible to be Met:** \$0.00

**Indiana Department of Environmental Management**

**ELTF Claim Preparation QC Checklist**

<input type="checkbox"/> Internal
-----------------------------------

**Claim Preparation**

Original signature present on application ☒

Federal Tax Identification number is filled in and verified in Encompass ☒

**Proper proof of payment provided with application:**

Signed and notarized affidavit ☒

Photocopied affidavit (acceptable for resubmittals only) ☐

Copies of fronts and backs of cancelled checks ☐

Electronic payments (bank statements, debits) ☐

Power of Attorney included if signator is not the owner/operator ☐

Assignment of rights document included if payment is made to someone other than owner/operator ☐

**Reviewer check-in and start date**

**Application properly staged into tracking databases:**

Date received ☒

Amount Requested ☒

Status to "Incomplete" ☒

Appropriate loose file technical documents included in file ☒

Peruse types of costs submitted and check ULCERS to see if appropriate technical document has been approved ☒

Verify Name, Address, Tax ID in Encompass ☒

Verify that steps in receiving stage have been completed ☒

Verify that Incident # on application matches that on pay requests ☒

**Claim Processing Tracking Section**

Stage	Initials	Date Completed
Claim Check-In and PREP Date	SS	12/29/16
Triage and Data Package Prepped	CLK	1/20/17
Cost Reviewer Check-In and START Date	CLK	1/20/17
Cost Review COMPLETE	CLK	1/20/17
Peer QC (FINAL QC)	KAB	1/25/17
FINAL APPROVAL <input checked="" type="checkbox"/>	KAB	1/25/17

Words in ALL CAPS above match the stages tabs in ULCERS

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
ELTF PROGRAM CLAIM QC CHECKLIST

Claim Information

ELTF NUMBER: 20110507-9

FAC ID: 647

- ☐ ☐ First Submittal  
☐ ☐ Resubmittal  
☒ ☒ Subsequent Claim  
☐ ☐ Subsequent/Resubmittal Claim

Proof of Payment submitted with claim? ☒ ☒ ☐ ☐ ☐ ☐ ☐ ☐ Reason: \_\_\_\_\_

Technical Documentation:

CAP 4-9-2015 CAPI 3-17-2016

302016 recd.

FP cleaned up

Decision Letter(s)

Verify to ELTF Reimbursement Application Form, Resubmittal Letter, or ULCERS Database:

- ☒ ☒ Name  
☒ ☒ Address  
☒ ☒ Zip Code  
☒ ☒ Contact (Attn.)  
☒ ☒ Dear Mr./Ms.

- ☒ ☒ Site Name  
☒ ☒ ELF Number  
☒ ☒ FAC ID  
☒ ☒ City, County  
☒ ☒ Date Received

- ☒ ☒ Invoice Number for Reimbursement / or deleted for \$0.00 reimbursement  
☒ ☒ "ELTF Submittal Number" matches ULCERS database  
☒ ☒ "Total Deductible Amount" backup matches ULCERS database  
☒ ☒ "Amount of Deductible Met (this claim)" verified against ULCERS database  
☒ ☒ "UST Fee Reimbursement Percentage" verified against ULCERS database

- ☒ ☒ Technical Documents verified against ULCERS database  
☒ ☒ Proper language used in "ELTF Eligibility Status"  
☒ ☒ Letter Claim amount verified against Application/Resubmittal Letter  
☒ ☒ Cost Review Contact Name / Initials

- ☒ ☒ Encompass verified  
☒ ☒ Prioritization number checked 3  
☒ ☒ Accounting Stamp

Cost Review Summary

- ☒ ☒ Site Name  
☒ ☒ ELF Number  
☒ ☒ FAC ID

Deductible Status: Met ☒ ☒  
Met this Claim ☒ ☒  
Partially Met ☐ ☐

Amount: 30,000

- ☒ ☒ Reasons for denial are documented appropriately and not cut off by cell formatting  
☒ ☒ Cost Review Table completed properly (i.e. no blank cells, item numbers, etc.)  
☒ ☒ Spell Check

\$116,066.69

General Layout

- ☒ ☒ ELTF file arranged and ordered properly  
☒ ☒ One copy of the Cost Review Summary included in the file

ULCERS

ELTF Incident Screen

- ☒ ☒ Name of Cost Reviewer  
☒ ☒ Date Completed  
☐ ☐ Final Q.C. Date

Duplicate Amount In ULCERS: 0

ELTF Claim Detail Screen ("Stages" Tab)

- ☐ ☒ New Row with Final Q.C. Date and "Cost Review complete: Awaiting Final Q.C."

Signatures

Cost Reviewer:

Cindy Kreeger

Date:

1-20-2017

Peer QC Reviewer:

Kate Black

Date:

1.25.17

Technical QC Reviewer:

Kate Black

Date:

1.25.17



# EXCESS LIABILITY TRUST FUND APPLICATION

State Form 47139 (R14 / 6-16)  
Indiana Department of Environmental Management

## TO BE COMPLETED BY IDEM

Date Submitted (month/day/year)

12-28-2016

ELTF Control Number

201110507-9

**INSTRUCTIONS:** This form should be submitted when applying for a reimbursement request or a resubmittal of reimbursement request. Another form is available for ELTF Eligibility Requests. Please click on the link below to view the most recent submittal instructions. Applications will not be processed that contain incomplete information (all fields on this application must be completed) or do not contain the required forms/pages as described in the INSTRUCTIONS for completing the application. Do not include social security numbers on any supporting backup documentation.

[http://idem.in.gov/files/forms\\_elf\\_claim\\_instructions.doc](http://idem.in.gov/files/forms_elf_claim_instructions.doc)

## TO BE COMPLETED BY APPLICANT

### SECTION 1 - APPLICANT INFORMATION

Name of Applicant		Please enter a Tax ID Number or Social Security Number	
Speedway, LLC		Tax ID Number:	31-1551430
Mailing Address of Applicant (number and street)	City, State (Abbr.) ZIP Code	SSN:	
500 Speedway Drive	Enon, OH 45323		
Name of Second Party for Joint Check (if applicable). Check will be issued to applicant and party listed below, and mailed to the above address.			
N/A			
Name of Contact Person Concerning Claim Issues	Contact Company Name	Contact Telephone Number (with area code)	
Elizabeth Lemons	American Environmental Corpor	317-871-4090 ext. 221	
Contact E-mail Address	Social Security Number Included in Backup Documents?		
elemons@aecindy.com	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was there Private Insurance that may cover this Release?	Name of Insurance Company	Policy number	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

### SECTION 2 - SITE INFORMATION

Facility Identification Number	Date Incident Reported to IDEM (month/day/year)	LUST Incident Number	
647	10/25/2011	201110507	
Name of Facility	IDEM Project Manager	County Where Facility Is Located	
Speedway #5173	Brian Pace	Vigo	
Address of Facility (NOTE: enter 911 street address.)		City, State (Abbr.) ZIP Code	
3388 S US 41		Terre Haute, IN 47802	

### SECTION 3 - REIMBURSEMENT REQUESTS

Request Covers Work Performed During the Following Period (month/day/year)		From:	To:
		12/30/2015	10/31/2016
Type of Work Performed:			
<input type="checkbox"/> Investigation <input checked="" type="checkbox"/> CAP <input checked="" type="checkbox"/> Quarterly Monitoring <input type="checkbox"/> NFA <input type="checkbox"/> Emergency Response			
Identify the Type of Claim Application:			
<input type="checkbox"/> Initial Dollar Claim Application (This is the first request for payment from the ELTF.)			
<input checked="" type="checkbox"/> Subsequent Claim Application (One or more claims have been submitted to the ELTF. None of the costs requested in this claim application have been previously submitted.)			
<input type="checkbox"/> Subsequent Claim Application and Resubmittal of Denied Costs (This claim application includes new costs and costs that have been denied by the IDEM. The portion of the claim that was previously submitted must be identified below as being previously submitted and include the dollar value of the original claim.)			
Original Amount Requested:		Claim Number Assigned By IDEM:	
<input type="checkbox"/> Complete Claim Resubmittal (A claim was submitted to IDEM and was denied in full. To have a previously denied claim reevaluated, a new application for each claim must be submitted, that includes the amount of the original request, and the claim number assigned by IDEM. (See Instructions.)			
Original Amount Requested for Denied Costs:		Claim Number Assigned By IDEM:	
<input type="checkbox"/> Third Party Claim (If you have been held responsible for damages to a third party and are submitting the judgment or settlement agreement for reimbursement as a third party claim. Please submit proof that a copy of this claim has been sent to the Indiana Attorney General.)			
<input type="checkbox"/> Final Claim (This is for the last claim submitted after the NFA has been issued.)			
Enter the Total Costs for the Claim from the Attached "Pay Requests" (including resubmitted costs if applicable)		ELT 12/28/16 07:41:24	
\$ 8,439.39		IDEM Date Stamp	
Enter the Total Resubmitted Costs (if applicable)			
\$			



## EXCESS LIABILITY TRUST FUND APPLICATION

State Form 47139 (R14 / 6-16)

Indiana Department of Environmental Management

### TO BE COMPLETED BY IDEM

Date Submitted (month/day/year)

ELTF Control Number

### TO BE COMPLETED BY APPLICANT (continued)

Most Recent Technical Determination (check one):

- ☐ Emergency Measures (Attach a completed "Confirmation of Emergency Response Status" form signed by the IDEM project manager, or the IDEM Emergency Response On-Scene Coordinator.)
- ☐ Site Characterization Performed in Accordance with the UST Guidance Manual and 329 IAC 9-5 (Attach a copy of the letter from IDEM stating that the site is fully characterized.)
- ☒ Approved CAP (Attach a copy of your "Corrective Action Plan Approval" letter from the IDEM.)
- ☐ Approved CAP Implementation (Attach a copy of your "Corrective Action Plan Implementation Approval" letter from the IDEM if available.)
- ☐ No Further Action required (Attach a copy of your "No Further Action" letter from the IDEM.)
- ☐ Site Conditions Do Not Warrant Preparation of a CAP (You must provide documentation that IDEM has determined that a CAP should not be prepared. Please contact the IDEM project manager.)

### SECTION 4 - SIGNATURE OF UST OWNER, UST OPERATOR, PROPERTY OWNER, ATTORNEY IN FACT, AND/OR ASSIGNEE OF RIGHTS

I swear or affirm to the best of my knowledge and belief that the costs presented herein represent the reimbursable costs actually incurred in the performance of site characterization or corrective action related to this site during the period of time indicated on this application. I swear or affirm that all charges presented as part of this application were necessary to the performance of site characterization or corrective action. I also swear that I have not altered the calculations in this electronic form. I understand that pursuant to Indiana Code 13-23-9-6, I may be subject to criminal prosecution for submitting false and/or inaccurate information on this application.

In accordance with 328 IAC 1-3-1(a), the applicant must be a UST owner, UST operator, subsequent property owner, or person assigned the right of reimbursement. In accordance with 328 IAC 1-5-1(b), the assignor of rights (UST owner, UST operator, property owner, or attorney in fact) must sign the application in addition to the assignee of rights. Persons that have been assigned rights and also have appropriate power of attorney should sign both signature blocks.

Signature of Assignee of Rights		Date Signed (month/day/year)	
Mr./Ms.	Print Name	Title	Company
Signature of UST Owner, UST Operator, Property Owner, or Attorney In Fact		Date Signed (month/day/year)	
Mr./Ms.	Print Name	Title	Company
Mr.	John M. Helms	UST Owner	Speedway, LLC

If applicable, a copy of the signed Assignment of Rights under 328 IAC 1-3-1 must be attached. If applicable, a copy of the signed Power of Attorney must also be attached. If the Assignment of Rights or the Power of Attorney has been modified or amended, a current copy must be attached.

**MAILING INSTRUCTIONS:** Please mail one single-sided paper copy (including a printout of this application and all back up information) and one CD or DVD with a PDF file (exact match of paper copy) and Excel file (.XLS) with the application information to the following address:

Indiana Department of Environmental Management  
Excess Liability Trust Fund  
100 North Senate Avenue, Room 1101  
Indianapolis, IN 46204-2251